

A Tobacco Prevention And Control Plan

For Washington State



The Washington Tobacco Prevention and Control Council

December 1999

Tobacco Prevention and Control Council

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December 1, 1999



Every year, more than 8,200 Washingtonians die from tobacco. That's close to the population of Ferry County, where I worked for 25 years. Every day, 65 children in our state become smokers, and a third will eventually die from it.

There is a solution. Washington's Tobacco Prevention and Control Plan will prevent children from ever starting to use tobacco and help smokers and other tobacco users quit. We know this plan will work, because it is based on state-of-the-art science and the successful experiences of other states.

Our state will receive \$4.5 billion in tobacco settlement funds over the next 25 years, thanks to the leadership of Attorney General Christine Gregoire. Governor Gary Locke and legislators dedicated \$100 million from the first payment for tobacco prevention and directed the state Department of Health to develop a "sustainable, long-term, and comprehensive tobacco control program." To help us develop the program, we formed the Tobacco Prevention and Control Council. The 16-member Council received input from six work groups, 150 young people, and about 200 residents from around the state.

The six key elements of the Washington plan are community-based programs, school-based programs, cessation, public awareness and education, reducing youth access to tobacco, and assessment and evaluation. All these elements are critical to the success of the plan; only a combined, comprehensive program will prevent youth from starting to use tobacco and help users quit. We also know that evaluating these programs over time and integrating all components at the local level are essential to reaching our goals: decreasing and preventing tobacco use in Washington.

The first-year investment in the program is about \$26 million — or 2% of Washington's annual health care costs due to tobacco-related illness. We are ready to begin work immediately. For the first time, our state will have the resources to reduce tobacco use. Young people are listening and looking to us to do the right thing.

Thank you,

A handwritten signature in cursive script, reading "Mary C. Selecky".

Mary C. Selecky
Secretary of Health

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will have the resources
necessary to reduce
tobacco use. We are ready
to begin work immediately.*

Acknowledgments

The Tobacco Prevention and Control Plan represents the work of hundreds of individuals. Members of the Tobacco Prevention and Control Council's six work groups and staff members appear in Appendix 1. We extend thanks to the following organizations that have contributed to this work:

National Center for Tobacco-Free Kids
U.S. Centers for Disease Control and Prevention
Washington State Hospital Association

We also recognize here with gratitude the contribution and leadership of Washington Governor Gary Locke.

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Our thanks to Donna Fisher of the state Attorney General's office for her careful review of this plan.

Data appearing in this report are drawn from the Washington State Department of Health and the U.S. Centers for Disease Control and Prevention. This information is available on the agencies' two web sites: www.doh.wa.gov and www.cdc.gov.

The following recent reports provide data and insights into tobacco use, prevention, and control:

Tobacco and Health in Washington State
Washington State Department of Health, April 1999
*A Comprehensive Tobacco Prevention and Control Plan
for Washington State*
Office of the Attorney General, November 1998
Best Practices for Comprehensive Tobacco Control Programs
U.S. Centers for Disease Control and Prevention, August 1999

Contents



Executive Summary	7
Introduction	11
Building the Plan	19
Program Components	27
Community-based Programs	29
School-based Programs	33
Cessation	37
Public Awareness and Education	41
Youth Access	45
Assessment and Evaluation	49
Next Steps	53
Appendices	55
Work Groups and Staff	56
Alcohol, Tobacco, and Other Drug Inventory	63
Program Integration and Administration	66



I miss my lung, Bob.

©1999 R.J. REYNOLDS TOBACCO COMPANY
Smoking can kill and cause lung disease.

Executive Summary

The Tobacco Prevention and Control Plan is Washington State's road map for fighting tobacco addiction, an epidemic that takes more than 8,200 lives and \$1.3 billion in health care costs in the state every year. The plan is designed to create one of the most cost-effective public programs in the state's history.

This report shows how Washington State can mobilize its citizens, communities, and government agencies to fight tobacco use.

The tobacco problem

Tobacco is the nation's number one cause of preventable death, and its prevention and control is the Washington State Department of Health's top priority.

About 24% of Washington adults smoke. The problem is even worse for young people — 29% of high school seniors in the state smoke. Tobacco addiction starts young. Twelve is the average age at which people start smoking in Washington.

The Department of Health has reported that rates of tobacco use are much higher than the state average in parts of the state where people are more likely to have less education and to be poor. Some rural communities, some communities of color, and other minority groups also have higher rates of tobacco use.

This problem of disparity is made worse by the tobacco industry's well-

financed marketing, which targets high-risk areas and groups. The tobacco industry's more than \$100 million yearly advertising investment in Washington surpasses the state's current investment in tobacco prevention by about 50 to 1.

The solution

Implementation of the Tobacco Prevention and Control Plan would ultimately reduce health care costs and increase both the lifespan and the quality of life for all who live in Washington. Based on successful tobacco prevention programs in several other states and on "best practices" compiled and defined by

Tobacco use causes —

- *90% of deaths from chronic lung disease*
- *90% of lung cancer deaths*
- *45% of heart disease deaths in people younger than 65*
- *33% of all cancer deaths*
- *18% of stroke deaths*
- *10% of deaths of newborns*

the U.S. Centers for Disease Control and Prevention (CDC), the plan focuses on four broad goals:

- To prevent initiation of tobacco use among youth and young adults
- To promote quitting among youth and adults
- To eliminate exposure to environmental tobacco smoke (ETS)
- To identify and eliminate disparities related to tobacco use and its effects on different population groups

To achieve these goals, the Washington Tobacco Prevention and Control Council — 16 experts, elected officials, community members, and public health officials and the hundreds of individuals and organizations working with them — developed a plan with six essential program components. They are:

Community-based programs

Working at the local level and building on a statewide network of public and private programs, to support tobacco prevention and control. The plan also supports local community initiatives through a Youth Advisory Board, training and technical assistance, multicultural outreach and education, partnership grants, and a materials clearinghouse.

School-based programs

Reaching youth through a comprehensive K-12 program designed to

increase student knowledge, change attitudes, and resist influences to use tobacco.

Cessation

Helping tobacco users quit by providing access to social supports such as Quit Lines and to cessation services and treatment such as nicotine replacement for the uninsured. States where these services are readily available, especially to low-income people, show impressive quit rates.

Public awareness and education

A mass media and public information campaign to help counter tobacco industry marketing. This approach has achieved dramatic results in preventing tobacco use by youth.

Youth access

Reducing sales of tobacco products to underage youth by retailer education and performing compliance checks and enforcement. Washington's current program has shown the benefits of working with retailers to reduce youth initiation.

Assessment and evaluation

Assessing and evaluating the effectiveness of tobacco prevention programs through data-gathering and analysis. This would build accountability into the plan.

These program components form the core of the Tobacco Prevention and Control Plan, but they would not be simply imposed on communities once tobacco settlement dollars become available.





The Council developed an approach that will work within Washington's existing substance abuse prevention and public health systems. These systems encompass five state agencies and community-based programs. The plan would also encourage private sector participation through partnerships with community-based organizations, employers, health care providers, and health care systems.

The Investment

In the first year (Fiscal Year 2001), the work of the comprehensive tobacco plan would require an investment of \$26.2 million of funds set aside for prevention from Washington's share of the national tobacco settlement. Expenditures during Fiscal Year 2002 would be slightly less, at \$25.9 million.

The experiences of other states have proven that this investment will save lives and money now spent on health care, and it will reduce the burden of chronic disease and injury for everyone in the state. It would give Washingtonians a better quality of life.

Although the plan represents a great addition of resources to the state's current involvement in tobacco prevention, the costs pale beside the burden the state still bears in tobacco-related illness.

Under the leadership of Governor Gary Locke, Washington is the only state to dedicate all of its tobacco settlement funds to programs that protect and improve the health of its citizens. This plan honors that commitment.

A Cost-effective Tobacco Prevention Plan for Washington State*

Savings	3-year Goal (adult smoking rate drops 2%)	10-year Goal (adult smoking rate drops 6%)
Early deaths prevented	28,000	84,000
Future State Medicaid costs	\$136 million	\$408 million
All future medical costs	\$1.08 billion	\$3.24 billion

* Figures assume sustainable implementation of the requested appropriation over a 10-year period.

“On November 29, 1998, the Attorney General announced the national settlement of a lawsuit against the four major tobacco manufacturers. The budget adopts the advice of the Attorney General ... by spending all of the proceeds on health care and public health issues arising from smoking.”

“... \$100 million from the state’s share of the tobacco litigation settlement proceeds is used to capitalize a comprehensive long-term tobacco prevention and control program to be administered by the Department of Health, including school and community-based education programs, tobacco addiction treatment, and enforcement of laws governing tobacco sales.”

— Washington State 1999-01 Budget Summary

Introduction



Imagine that state government would take the lead in fighting an epidemic that kills more than 8,200 Washingtonians and costs the state about \$1.3 billion a year in hospital and other medical expenses.

Imagine that communities, schools, businesses, and health care providers would coordinate their efforts to protect children and adults from this deadly health risk. Working together, they would reduce the burden of chronic disease and injury for everyone in the state. And this public health campaign, using methods that have been shown to reduce health care costs in other states, would be financed by resources already set aside for this purpose.

This report shows how it can be done.

Over the next 25 years, Washington State will receive about \$4.5 billion from the tobacco industry for its share of the \$206 billion national tobacco settlement. These payments, which will go on “in perpetuity,” represent restitution from the tobacco product manufacturers for violating state laws.

Washington will receive about \$325 million of the settlement during 1999-2001 and about \$150 million annually in the following years. It is the only state to commit all of its settlement funds to health. At the outset, the state has dedicated \$100 million for a statewide program to reduce tobacco use and the rest to other health programs. Over a 10-year period beginning in 2008, the state will receive an

additional \$494.9 million in recognition of Washington’s leading role in the national tobacco settlement.

The Tobacco Prevention and Control Plan for Washington State presents the work of experts, public health officials, and community representatives in developing a comprehensive, sustainable tobacco prevention and control program.

The plan builds on activities that other states have proved successful in decreasing tobacco use. It identifies each of these activities, links them to desired outcomes such as reduced smoking rates, and identifies what they will cost.

***Tobacco use costs
Washington State more
than 8,200 lives and about
\$1.3 billion in hospital and
other medical expenses
every year.***

These activities form an integrated program to help Washingtonians understand the risks of tobacco, resist the powerful encouragement to use tobacco in advertisements and other media, help people stop smoking, keep young people from starting, and reduce the dangers of exposure to environmental tobacco smoke (ETS).

The Number One Health Priority

More than one of every five Washington residents use tobacco. Although smoking has been identified as the nation's number one cause of preventable death since release of the U.S. Surgeon General's Report in 1964, adult smoking rates continued to climb until the 1980s.

Today, about 24% of Washingtonians smoke. In some parts of the state, mostly rural areas and regions where

residents have less education and lower incomes, rates are much higher. Rates are also higher among some racial, ethnic, and other minorities.

Rates of youth smoking have risen through the 1990s, in part because the tobacco industry targets its marketing to youth. In Washington, nearly 29% of high school seniors smoke.

Tobacco users are hooked young. Despite advertisements that portray use a matter of adult choice, tobacco



Where Prevention Has Worked

States that have implemented comprehensive tobacco prevention and control plans show quick and impressive gains.

In California —

Since implementation of its tobacco prevention program in 1989, cigarette consumption has dropped by 38% among adults, and exposure to indoor smoke has dropped by nearly a third for indoor workers, children, and adolescents.

In Florida —

Less than a year into the Tobacco Pilot program, smoking rates of middle school students dropped by 19%, and rates of high school students dropped by 8%.

In Massachusetts —

Since the state's tobacco prevention program began six years ago, Massachusetts has 150,000 fewer smokers, 75,000 fewer deaths from smoking-related illnesses, and a youth smoking rate that has dropped by nearly a fourth.

In Oregon —

Two years after implementation of the state's Tobacco Prevention and Education program, 1,200 lives and \$300 million have been saved.

addiction is a childhood-onset disease. Twelve is the average age at which people in Washington start smoking in Washington. The average age at which people start chewing tobacco is 10. Research shows that more than 8 of every 10 tobacco users began the habit before age 18. Every day in Washington, 65 children become smokers.

Women who smoke during pregnancy have a higher risk of miscarriage and pregnancy complications, and their babies are more likely to be born low-birthweight and unable to breathe on their own.

Today, tobacco consumption kills more people in Washington every year than all deaths from AIDS, alcohol, cocaine, heroin, marijuana, motor vehicle accidents, fires, homicides, and suicides *combined*. Tobacco-related illnesses cost the state in health care spending and in lost productivity.

People who don't smoke are also at risk from tobacco, because ETS is known to cause health problems, especially in children. These include increased risk of respiratory tract infections, bronchitis, pneumonia, asthma, and ear infections.

The tobacco industry spends more than \$5 billion nationally each year on marketing, including \$100 million in Washington. By contrast, all of Washington's tobacco prevention and control efforts until now have been funded at barely \$2 million a year.

That means the tobacco industry is outspending Washington State's efforts to prevent and control tobacco use by about 50 to 1.

Tobacco use causes —

- *90% of deaths from chronic lung disease*
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- *45% of heart disease deaths in people younger than 65*
- *33% of all cancer deaths*
- *18% of stroke deaths*
- *10% of deaths of newborns*

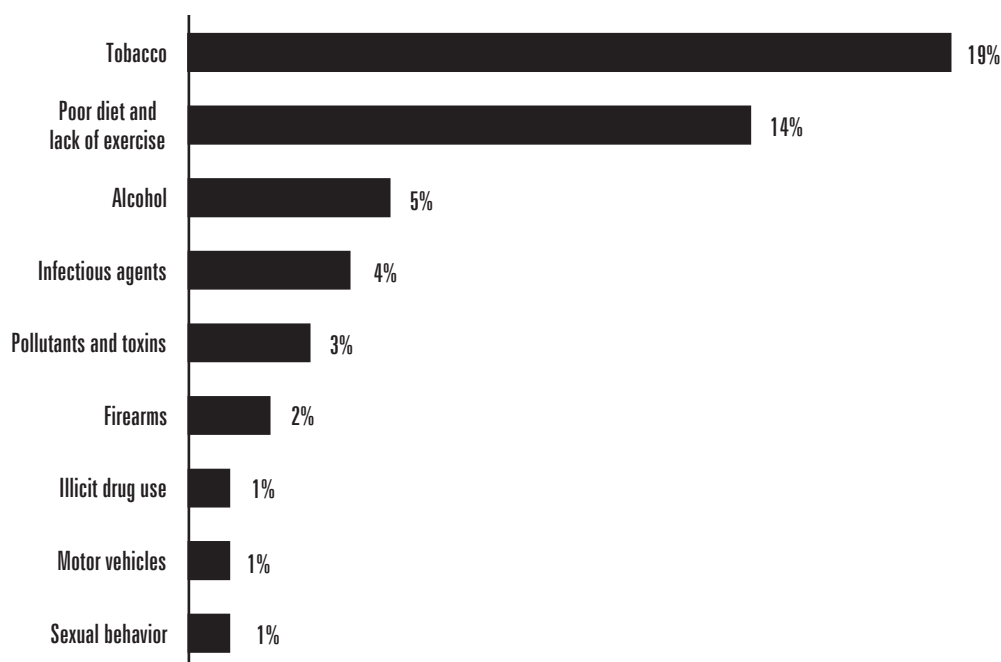
Tobacco companies promote their product to vulnerable populations and associate it with glamour, wealth, attractiveness, and independence. The industry's growing investment in marketing its deadly product has consistently overwhelmed the efforts of the nation's public health system and consumer advocates to discourage its use.

The States Take Action

This imbalance began to change during the 1980s, when families that had been harmed by tobacco sued tobacco companies, contending that



Actual Causes of Preventable Death United States, 1990



Source: McGinnis et al. JAMA, 1993

they withheld their knowledge of the health risks associated with their product. Several families sued the tobacco industry and lost.

Gradually, states decided to take legal action, in part to recover the billions of dollars in Medicaid and other costs associated with tobacco-related diseases. When Washington Attorney General Christine Gregoire filed suit against the tobacco industry in June 1996, charging the industry with illegally marketing to minors and violating antitrust and consumer protection laws, Washington became the ninth state to do so.

In 1989, California brought a new device to the fight against tobacco. Voters approved Proposition 99, which increased the state's cigarette tax to raise public revenue specifically to prevent and control tobacco use. Voters in other states followed

with dedicated taxes: Massachusetts in 1992, Arizona in 1994, and Oregon in 1996. These states spent tobacco tax revenue on programs that soon began to drive down smoking consumption, prevent increases in youth tobacco use, and reduce exposure to environmental tobacco smoke.

Although the use of cigarette tax revenue for tobacco prevention programs has been effective in a handful of states, most states have not dedicated tobacco tax revenue to tobacco prevention and control programs. Washington has the third highest tobacco tax in the nation at 82.5 cents per pack, but none of it is used to prevent tobacco use. The tax revenue goes to the state's General Fund and to the Health Services Account to support environmental programs, the Basic Health Plan, and health insurance for children.



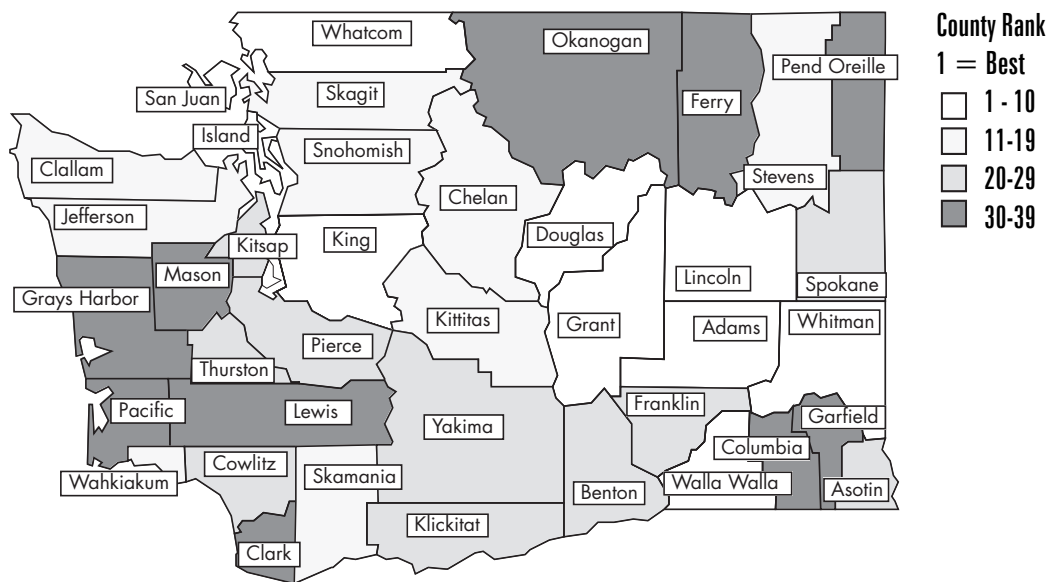


Washington has not invested tobacco tax revenue directly into tobacco prevention, but the Department of Health has implemented two community-based programs to change attitudes about tobacco and discourage sales to minors. The American Stop Smoking Intervention Study (ASSIST) provided about \$1.2 million a year in National Cancer Institute funds to local public health jurisdictions to build community collaborations in Washington's five most populated counties (King, Snohomish, Pierce, Clark, and Spo-

kane) to change community attitudes about tobacco and create tobacco-free social norms.

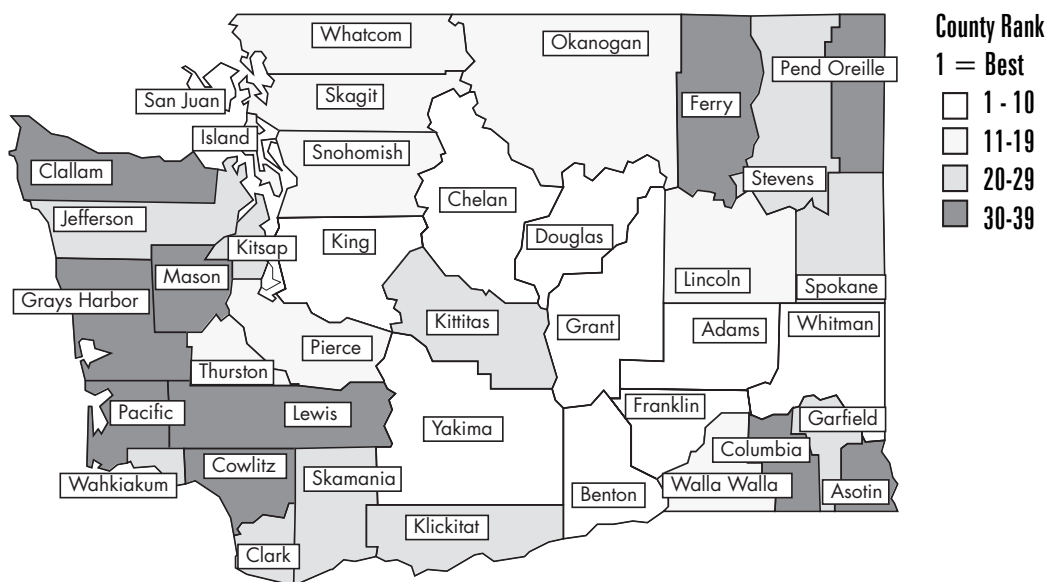
The ASSIST program was replaced in the Fall of 1999 with tobacco prevention funds from the U.S. Centers for Disease Control and Prevention. In addition, \$900,000 a year from retailer license fees is invested in a statewide program to conduct compliance checks, to educate cigarette retailers, and to finance community-based youth tobacco prevention activities.

Average Annual Age-adjusted Death Rates From Lung Cancer, Washington 1990-97



Source: DOH Center for Health Statistics

Maternal Smoking Prevalence By Washington Counties, 1993-97



Source: DOH Center for Health Statistics

These measures have heightened awareness of tobacco's dangers and have been used to build a statewide "infrastructure" for tobacco prevention and control. But by themselves they do not represent the comprehensive effort needed to combat the tobacco's industry's richly financed strategies to promote tobacco use to youth and adults.

The National Tobacco Settlement

A comprehensive program for Washington and other states has been made possible by the largest financial recovery settlement in history: the settlement between states and tobacco product manufacturers negotiated by Washington State Attorney General Gregoire and eight other state Attorneys General.

Reached in November 1998, the settlement provides direct payment to states, prohibits the industry from targeting its marketing efforts at youth, and creates a national foundation that will conduct a public education campaign.

To date, Washington is one of eight states that have dedicated a large part of their share of the settlement for tobacco prevention and control, and it is the only state to use all of its settlement funds to support other health programs.

In dedicating the prevention funds, the 1999 Washington Legislature also mandated that the state Department of Health oversee development of a "sustainable, long-term and comprehensive tobacco control program." The Legislature has final authority over how the settlement funds will be spent.





This document represents the work of the Tobacco Prevention and Control Council in developing a preliminary plan, which is due to the Legislature on December 1, 1999. A more detailed plan will go to the Legislature for approval in September 2000.

The plan would blend federal, state, and settlement funds on behalf of tobacco prevention and control. It would build on tobacco prevention activities that are underway in Washington at the community level and on the current public-private collabora-

tions that support the state's existing local network of substance abuse prevention programs.

And because tobacco prevention is a public health issue, the state Department of Health would lead the prevention efforts and be accountable for their success.

The next two sections of this report show the activities that would be performed to reach these objectives, how they fit together, the populations they would benefit, and what they would cost.

Key Features of the National Tobacco Settlement

- Distributes \$194 billion of restitution directly to states for financial recovery over 25 years and then continues payments in perpetuity
- Bans tobacco industry billboards and advertising on buses and taxicabs
- Prohibits brand name sponsorships of events for youth audiences
- Requires tobacco companies to pay \$50 million to the National Association of Attorneys General, which will use those dollars to enforce the terms of the settlement
- Creates a national foundation, financed by the tobacco industry, to conduct a national media campaign and to study ways to reduce teen smoking